| OIPE MITTI                                                                                                                                                                                             |                   |                       |              |                     |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------|--------------|---------------------|------------------|
| AUG 0 2 2005 R TRANSMITTAL LETTER (General - Patent Pending)                                                                                                                                           |                   |                       | 111          | cket No.<br>440-727 |                  |
| In Re Application Of: Taylor et al.                                                                                                                                                                    |                   |                       |              |                     |                  |
| Application No.                                                                                                                                                                                        | Filing Date       | Examiner              | Customer No. | Group Art Unit      | Confirmation No. |
| 10/074,209                                                                                                                                                                                             | February 12, 2002 | Unknown               | 29190        | 1711                | 4379             |
| Title: ELECTR                                                                                                                                                                                          | D-KINETIC AIR TRA | ANSPORTER-CONDITIONER | DEVICES WIT  | 'H TRAILING E       | LECTRODE         |
|                                                                                                                                                                                                        |                   |                       |              |                     |                  |
|                                                                                                                                                                                                        |                   |                       |              |                     |                  |
|                                                                                                                                                                                                        |                   | COMMISSIONER FOR PAT  | ENTS:        |                     |                  |
| Transmitted herev                                                                                                                                                                                      | vith is:          |                       |              |                     |                  |
| Statement Under 37 CFR 3.73(b) (1 pg.); Power of Attorney to Prosecute Applications Before the USPTO (1 pg.); Assignment (2 pgs.); Change of Address Application (1 pg.); and Return receipt postcard. |                   |                       |              |                     |                  |
|                                                                                                                                                                                                        |                   |                       |              |                     |                  |
|                                                                                                                                                                                                        |                   |                       |              |                     |                  |
|                                                                                                                                                                                                        |                   |                       |              |                     |                  |
| in the above identified application.                                                                                                                                                                   |                   |                       |              |                     |                  |
| ☑ No additional fee is required.                                                                                                                                                                       |                   |                       |              |                     |                  |
| ☐ A check in the amount of is attached.                                                                                                                                                                |                   |                       |              |                     |                  |
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| as described below. ☐ Charge the amount of                                                                                                                                                             |                   |                       |              |                     |                  |
| ☐ Credit any overpayment.                                                                                                                                                                              |                   |                       |              |                     |                  |
| Charge any additional fee required.                                                                                                                                                                    |                   |                       |              |                     |                  |

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Robert M. Gould Reg. No. 43,642

**Customer Number 29190** 

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

July 29, 2005

Dated: July 29, 2005

Signature of Person Mailing Correspondence

Heather Foster

Typed or Printed Name of Person Mailing Correspondence

PTO/SB/96 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
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der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| STATEMENT UNDER 37 CFR 3.73(b                                                                                                                                                                                                                             | 1                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Applicant/Patent Owner: Taylor et al.                                                                                                                                                                                                                     |                                                      |
| Application No./Patent No.: 10/074,209 Filed/Issue Date: February 12,                                                                                                                                                                                     | 2002                                                 |
| Entitled: ELECTRO-KINETIC AIR TRANSPORTER-CONDITIONER DEVICES WITH TRAILII                                                                                                                                                                                | NG ELECTRODE                                         |
| Sharper Image Corporation , a Corporation (Name of Assignee) (Type of Assignee, e.g., corporation                                                                                                                                                         | n, partnership, university, government agency, etc.) |
| states that it is: 1.  the assignee of the entire right, title, and interest; or                                                                                                                                                                          |                                                      |
| 2. an assignee of less than the entire right, title and interest.  The extent (by percentage) of its ownership interest is%                                                                                                                               |                                                      |
| in the patent application/patent identified above by virtue of either:                                                                                                                                                                                    |                                                      |
| A. An assignment from the inventor(s) of the patent application/patent identified in the United States Patent and Trademark Office at Reel <u>013413</u> , Fra thereof is attached.  OR                                                                   |                                                      |
| B. A chain of title from the inventor(s), of the patent application/patent identified a below:                                                                                                                                                            | above, to the current assignee as shown              |
| 1. From: To:                                                                                                                                                                                                                                              |                                                      |
| The document was recorded in the United States Patent and Trademar Reel, Frame, or for which a copy                                                                                                                                                       |                                                      |
| From: To: To:  The document was recorded in the United States Patent and Trademark                                                                                                                                                                        |                                                      |
| The document was recorded in the United States Patent and Trademar Reel, Frame, or for which a cop                                                                                                                                                        | k Office at<br>by thereof is attached.               |
| 3. From:To:                                                                                                                                                                                                                                               |                                                      |
| The document was recorded in the United States Patent and Trademan Reel, frame, or for which a co                                                                                                                                                         |                                                      |
| Additional documents in the chain of title are listed on a supplemental shee                                                                                                                                                                              | et.                                                  |
| Copies of assignments or other documents in the chain of title are attached.  [NOTE: A separate copy (i.e., a true copy of the original assignment document(see Division in accordance with 37 CFR Part 3, if the assignment is to be record MPEP 302.08] |                                                      |
| The undersigned (whose title is supplied below) is authorized to act on behalf of the                                                                                                                                                                     | assignee.                                            |
| Trobest seouls                                                                                                                                                                                                                                            | July 29, 2005                                        |
| Signature                                                                                                                                                                                                                                                 | Date                                                 |
| Robert M. Gould, Reg. No. 43,642                                                                                                                                                                                                                          | 312-807-4244                                         |
| Printed or Typed Name                                                                                                                                                                                                                                     | Telephone Number                                     |
| Attorney of Record                                                                                                                                                                                                                                        |                                                      |
| Title                                                                                                                                                                                                                                                     |                                                      |

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## JOINT TO CORPORATE ASSIGNMENT

| · WHEF        | REAS, the undersigned Inventors:        | BEST AVAILABLE COP |  |
|---------------|-----------------------------------------|--------------------|--|
| (1)           | Charles E. Taylor                       |                    |  |
| a resident of | Sebastopol, California                  | ; and              |  |
| (2)           | Jim L. Lee                              |                    |  |
| a resident of | Rohnert Park, California                |                    |  |
| have invented | certain new and useful improvements in: |                    |  |

ELECTRO-KINETIC AIR TRANSPORTER-CONDITIONER DEVICES WITH TRAILING ELECTRODE

and have executed a declaration or oath for an application for a United States patent disclosing and identifying the invention.

Said U.S. Patent Application has a Serial Number of 10/074,209 and a filing date of February 12, 2002.

WHEREAS Sharper Image Corporation (hereinafter termed "Assignee"), a corporation of the State of Delaware, having a place of business at 650 Davis Street, San Francisco 94111-1904, State of California, wishes to acquire the entire right, title and interest in and to said application and the invention disclosed therein, and in and to all embodiments of the invention, heretofore conceived, made or discovered jointly or severally by said Inventors (all collectively hereinafter termed "said invention"), and in and to any and all patents, certificates of invention and other forms of protection thereon (hereinafter termed "patents") applied for or granted in the United States and/or other countries.

NOW THEREFORE, for good and valuable consideration acknowledged by each of said Inventors to have been received in full from said Assignee:

- 1. Said Inventors do hereby sell, assign, transfer and convey to said Assignee, the entire right, title and interest (a) in and to said application and said invention; (b) in and to all rights to apply in any or all countries of the world for patents, certificates of inventions or other governmental grants on said invention, including the right to apply for patents pursuant to the International Convention for the Protection of Industrial Property or pursuant to any other convention, treaty, agreement or understanding; (c) in and to any and all applications filed and any and all patents, certificates of inventions or other governmental grants granted on said invention in the United States or any other country, including each and every application filed and each and every patent granted on any application which is a division, substitution, or continuation of any of said applications; (d) in and to each and every reissue or extension of any of said patents; and (e) in and to each and every patent claim resulting from a reexamination certificate for any and all of said patents.
- 2. Said Inventors hereby jointly and severally covenant and agree to cooperate with said Assignee to enable said Assignee to enjoy to the fullest extent the right, title and interest herein conveyed in the United States and other countries. Such cooperation by said Inventors shall include prompt production of pertinent facts and documents, giving of testimony, executing of petitions, oaths, specifications, declarations or other papers, and other assistance all to the extent deemed necessary or desirable by said Assignee (a) for perfecting in said Assignee the right, title and interest herein conveyed; (b) for complying with any duty of disclosure; (c) for prosecuting any of said applications; (d) for filing and prosecuting substitute, divisional, continuing or additional applications covering said invention; (e) for filing and prosecuting applications for reissue of any of said patents; (f) for interference or other priority proceedings involving said invention; and (g) for legal proceedings involving said invention and any applications therefor and any patents granted thereon, including without limitation opposition proceedings, cancellation proceedings, priority contests, public use proceedings, reexamination proceedings, compulsory licensing proceedings, infringement actions and court

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actions; provided, however, that the expense incurred by said Inventors in providing such cooperation shall be paid for by said Assignee.

- 3. The terms and covenants of this Assignment shall inure to the benefit of said Assignee, its successors, assigns and other legal representatives, and shall be binding upon said Inventors, their respective heirs, legal representatives and assigns.
- 4. Said Inventors hereby jointly and severally warrant and represent that they have not entered and will not enter into any assignment, contract, or understanding in conflict herewith.

IN WITNESS WHEREOF, the said Inventors have executed this instrument on the date of acknowledgment before the Notary Public as given below and delivered this instrument to said Assignee: (Charles E. Taylor) DATE: State of County of On before me, (name and title of officer) personally appeared Charles E. Taylor, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal. Signature DATE: State of County of before me, (name and title of officer) personally appeared Jim L. Lee, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal. .. Signature

C. STAINBROOK
COMM. # 1340679
NOTARY PUBLIC-CALIFORNIA D
SONOMA COUNTY
COMM. EXP. JAN. 20, 2006

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| 37 CFR<br>I hereby                                                                                                                                                       |                                                                                                                                                            |                                                    |                                                       | The state of the s |
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| II Pres                                                                                                                                                                  | of bonson associated with the Customer Number                                                                                                              | 29190                                              |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Prex                                                                                                                                                                     | citioner(s) named bakew (if more than ion patern                                                                                                           | precisioners are to be                             | named, then a customer n                              | umbs: must be used):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| erry errol ext<br>attached to                                                                                                                                            | (o) or agent(s) to represent the undersigned bef<br>pelient exploations assigned <u>only</u> to the unders<br>this form in ecoardance with 37 CFR 3.73(b). | filteq eccoupitô to gre i<br>als ass muiso seess b | omo presentation and India<br>USPTO swigtonsmi record | e (USPTO) in connection with<br>s or assignment documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| III T                                                                                                                                                                    | Tre address associated with Oustomer Numbar.                                                                                                               | 29190                                              |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Assigned N                                                                                                                                                               | ans and Address:<br>ren lenge Corporation                                                                                                                  |                                                    | ***                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 650 Davis Street                                                                                                                                                         |                                                                                                                                                            |                                                    |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| San Francisco, California 94111                                                                                                                                          |                                                                                                                                                            |                                                    |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SERSS or equivalent) is required to be                                                     |                                                                                                                                                            |                                                    |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| filed in ouch application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of                                                      |                                                                                                                                                            |                                                    |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the application in which this Pewer of Attorney is to be filed. |                                                                                                                                                            |                                                    |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| The andividual whose signature and title is supplied below is authorized to act on behalf of the assignee                                                                |                                                                                                                                                            |                                                    |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Signature                                                                                                                                                                | Main 6                                                                                                                                                     |                                                    | Deta                                                  | 4/25/05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Mama                                                                                                                                                                     | Tracy Weig                                                                                                                                                 |                                                    | Telaph                                                | one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Title                                                                                                                                                                    | President and the                                                                                                                                          | <del></del>                                        |                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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PTO/SB/122 (04-05)

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| Application Number     | 10/074,209                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Filing Date            | February 12, 2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| First Named Inventor   | Taylor et al.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Art Unit               | 1711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Examiner Name          | Uknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Attorney Docket Number | 112440-727                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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|                                                                                                                                                                                                                      | Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                           |     |  |
| ✓ Attorney or ag                                                                                                                                                                                                     | Attorney or agent of record. Registration Number 43,642                                                  |                           |     |  |
| Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number                                            |                                                                                                          |                           |     |  |
| Signature Hobert sould                                                                                                                                                                                               |                                                                                                          |                           |     |  |
| Typed or Printed Name Robert M. Gould                                                                                                                                                                                |                                                                                                          |                           |     |  |
| Date July 29, 2005                                                                                                                                                                                                   |                                                                                                          | Telephone<br>312-807-4244 |     |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                |                                                                                                          |                           |     |  |
| *Total offorms are submitted.                                                                                                                                                                                        |                                                                                                          |                           |     |  |

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